## P00000108420

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## **COVER-LETTER**

TO: Amendment Section  Division of Corporations
SUBJECT: DESOLUTION OF COrporatio
DOCUM SOFT NUMBER: POODO 108400.
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ISIS D'Anacto
DANOED DUSINGS Mam
(Firm/Company) 10 terr
(City/State and Zip Code)
For further information concerning this matter, please call:
TSB D'AMCO at (780) 210-800 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ameriment Section  Divi. Ion of Corporations  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

FILED

06 NOV - 1 AM 11: 07
Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles JECRETARY OF STATE TALLAHASSEE, FLORIDA of dissolution: FIRST: aname of the corporation as currently filed with the Florida/Department of State: SECOND: The document number of the corporation (if known) The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: Adoption of Dissolution (CHECK ONE) FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by 'ulalia Larrochp. Signature or officers have not been selected, by By a director, president or other officer - it directors an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.